



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

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☐ Please check if this is an update to a previously filed statement for the calendar yea	r 2007.							
LEGISLATOR INFORMATION								
Name	Member of:							
Walter R. Gooley	☐ House Senate							
Mailing address	District							
263 Cowen Hill Road	18							
City, zip code	Phone							
Farming lon, Marne 04938	778-2368							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER								
List the name and address of each employer from whom you received compensation principal type of economic activity of each employer.	of \$1,000 or more. Specify the							
Name of Employer Address	Principal Type of Economic Activity of Employer							
None								
PART 2. INCOME DERIVED FROM SELF-EMPLOYME (For Legislators who are self-employed.)								
A. List the name and address of your business, if any, and list the major areas of derived income. If associated with a partnership, firm, professional association, or simulates of economic activity of that entity.	economic activity from which you nilar business entity, list the major							
Name and Address of Business Entity Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)							
Name: None Address:								
Name:								
Address:								

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	MENT
B. List each source of income derived from self-employment that represents more than 10% of your of is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the professional ethics, specify only the professional ethics.	erived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Conifers Unlimited Christmastree Farm	Christmes Tree Grower
Address: 263 Cavenffill Rd Farming Ton Me.	Grower
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your Major Areas of Practice.	Commence of the commence of th
Name and Address of Firm (self)	
Name: Wane	
Address:	
Name:	
Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	gifts. If none, check the box.
□ None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Maine State Retirement System	Pension
Address: Avgusta Maine	
Name: Social Security System	Pension
Address:	•
PART 5. RÉPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.	reporting period, and list the major
None .	name in an arrangon, on, it is high, head of his of the CONTEST AND THE SECOND ASS.
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	adovidanto President Asserbitis i del Priside Priside Priside Priside Priside Asserbitis de Asserbitis and a communication of the Priside Asserbitis and Ass
Name:	
Address:	12.00 P. 9
PART 6. REPORTABLE GIFTS	th \$200 f If
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	than \$300 from a single source. If
None	Colors of CIA
Name of Source of Gift Name of S 1. 3.	Source of Gift
2. 4.	and the second s

<u>.</u>							
PART 7. REPORTA	BLE HO	NOR	ARÍA				
List the source of any honoraria accepted for appearances or speech	nes related	d to yo	our off	icial duties. If none, check the box.			
None							
Name of Source of Honoraria	en e	t	n N	ame of Source of Honoraria			
1. None	3.		-252-Kima olomo over				
2.	4.	····					
PART 8. REPRESENTATION							
List each executive branch agency before which you represented o the box.	r assisted	othe	rs for	compensation of any amount. If none, check			
None							
Name of Agency		7 19 V		Name of Agency			
1.	3.	Challes to be a second or the	·				
2.	4.						
PART 9. BUSINESS W	TH STAT	EA	GENC	DIES (E)			
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	r immedia	te fan	nily so	ld goods or services with a value in excess of			
None	**************************************		EX.XYEED WANTED				
Name of Agency				Name of Agency			
1.	3.		. <u>2004-1</u>				
2.	4.						
PART 10. INCOME RECEIVED BY W	EMBER:	S OF	IMM	EDIATE FAMILY			
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.							
Type of Economic Activity Representing Source of Income Receiv	ed a	Circ opprop lette	riate	Kind of Income			
1. Christmas Tree operation	(ŝ)	D	Labor			
2.	,	s	D				
3.		S	D				
4.	4	S	D	The second secon			
SIGNAT	ÜRE	Vie Vie					
A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)	oject to a	fine	of \$10	oper business day until the report is filed.			

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

Jan 10, 2008

NAME:		· · · · · · · · · · · · · · · · · · ·				<u>.</u>	DATE:		-			
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